Jan Waters, LPC, RPT • 48 Reckless Place • Red Bank, NJ 07701 • (732) 687-0285

Client Information Sheet

As a new client, please fill out the information on both pages of this form to the best of your ability.

Client Name: _____ Age/DOB: _____/_____

Marital Status:

☐ Child ☐ Single Adult ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

History of Present Problem

Briefly describe the difficulties that have led you to seek services at this time:

_____

_____

_____

_____

_____

Severity: (How severe is the problem on a scale of 1-10) _____

Duration: (How long have you had this problem, or when did it start?) _____

Medical History

Current Physician: _____ Phone: _____

Current Psychiatrist: _____ Phone: _____

Is the client receiving medical treatment for any condition now or within the past year? ☐ Yes ☐ No
If yes, please explain: _____

Please list any current medications you are taking:

Medication	Dose	Prescribed by	Began taking	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the identified client ever received any of the following psychiatric services?

		Details (e.g., Provider Name/Date of Service)
Outpatient counseling	☐ Yes ☐ No	_____
Psychiatric Emergency Screening	☐ Yes ☐ No	_____
Inpatient Psychiatric Hospital Stay	☐ Yes ☐ No	_____
Drug/Alcohol Rehabilitation	☐ Yes ☐ No	_____
Therapeutic Residential Program	☐ Yes ☐ No	_____
Child Study Team Evaluation	☐ Yes ☐ No	_____

Social History

School Currently Attending: _____ Grade: _____
Employer: _____ Position: _____
History of Legal Charges or Arrests: ☐ Yes ☐ No Explain: _____
Use of Alcohol: ☐ Never ☐ Rarely ☐ Moderately ☐ Daily
Use of Drugs (including prescription pain medicine) ☐ Never ☐ Rarely ☐ Moderate ☐ Daily

Family Constellation

Mother or Wife	
Father or Husband	
Siblings or Children	
Step-Parent/Child/Siblings	
Others Living in Household	

Life Changes

Has the client or family experienced any major life changes lately?
□ Move/Relocation □ Change of School □ Separation or Divorce
□ Birth of Child □ Catastrophic Illness □ Unemployment/Financial Problems
□ Trauma □ Victim of Crime □ Death
□ Other _____

□ DYFS Involvement If so, when & why? _____
DYFS Case Manager _____

Current Functioning

In order to better understand the needs of the person seeking services please respond to the following questions:
(If you are the parent of a minor child seeking services, answer questions on their behalf)

How would you describe client's mood most of the time?
□ Cheerful/Happy □ Anxious/Nervous □ Sad/Depressed □ Angry/Irritable
□ Changes All the Time □ Bland/Unfeeling □ Other _____

Has the client ever...			Details:
Attempted Suicide	□ Yes	□ No	_____
Currently have suicidal thoughts	□ Yes	□ No	_____
Engaged in self-injurious behavior	□ Yes	□ No	_____

Has the client ever... Please explain any response:
□ Been a victim or witnessed sexual abuse _____
□ Been a victim or witnessed domestic violence _____
□ Suffered a traumatic experience _____

Is there any additional information that you feel is important to share at this time?

_____
_____
_____
_____
_____

If the child is a minor, are both parents in agreement about the child's need for help? □Yes □ No

Thank you for your responses.